24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Freedom Partners Action Fund, Inc.	C C00564765
	M = M / D = D / Y = Y = Y
Check if 24-hour report 48-hour report New report Amends report filed	
Full Name of Payee 1360	Date of Public Distribution/Dissemination
Mailing Address PO BOX 37046	08 22 2016
Maining Address PO BOX 37046	Amount
City State Zip Code	146818.00
BALTIMORE MD 21297	Transaction ID : SE24.827 Date of Disbursement or Obligation
Purpose of Expenditure MEDIA PLACEMENT - DIGITAL Category/ Type	08
Name of Federal Candidate Support Office	e Sought: House District:
KATHLEEN MCGINTY Oppose	President State: PA
Calendar Year-To-Date Per Election for Office Sought Disb 2016	ursement For: Primary X General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Markey Address	M M / D D / Y Y Y Y
Mailing Address	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate Support Office	ee Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	oursement For: Primary General
Tel Election of Cine Sought	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	146818.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(b) 665161A2 of officeringed independent Experiations	7 7
(c) TOTAL Independent Expenditures	146818.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
	08 22 2016
Signature	